

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101596,692

FILING DATE

6-21-06

APPLICANT(S)

9-21-06 CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2			1		1	
3			1		1	
4			1		1	
5			1		1	
6			1		1	
7			1		1	
8			1		1	
9						
10			3			
11			1			
12			1			
13			1			
14			1		1	
15			1		1	
16			2		1	
17			2		1	
18			1		1	
19			1		1	
20			1		1	
21			1		1	
22			3		1	
23						
24						
25						
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27						
28					1	
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48						
49						
50						
TOTAL IND.			5		5	
TOTAL DEP.			23		23	
TOTAL CLAIMS			28		28	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						